

	APOLLO HOSPITALS,SECUNDERABAD POLICY ON NUTRITIONAL CARE OF PATIENTS	COP - 11 Issue: C Date:06-01-2017 Page 1 of 3
PREPARED BY: Dy.Medical Superintendent	APPROVED BY: Chief Executive Officer	

1.0. Purpose:

1. To ensure the provision of appropriate nutrition therapy to all patients, including nutritional education for the promotion of health and prevention of disease.
2. To assess the patients who are at nutritional risk
3. To provide timely nutritional intervention for patients identified at moderate and severe nutritional risk.
4. To document data pertinent to the nutritional care of the patient and develop a nutrition care plan for the individual patient and continuum of care.

2.0 Scope:

1. Apollo Hospitals,Secunderabad is committed to providing a comprehensive nutrition care program including medical nutrition therapy in a timely, effective, and efficient manner. The program incorporates individual, ethnic, and religious food preferences. The nutrition care program is integrated with physicians, nursing, and other appropriate disciplines as needed.
2. All inpatients shall be screened for possible nutritional risk within 24 hours of admission by medical staff and a nutrition consult completed Nutrition



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consults, as well as assessments on patients initiated on enteral or parenteral nutrition support, shall be completed within 36 hours of notification by a dietitian. All other patients at moderate or severe nutrition risk shall be assessed within 48 hours of notification. Ongoing monitoring of patients at nutritional risk shall be followed up once in 24hrs, or more often based on the patient's condition.

3.0 Responsibilities:

Dietitian, Nursing staff, Doctor.

4.0 Procedure:

4.1 Interdisciplinary Roles:

1. A consult may be ordered for adult patients with nutritional risk criteria including, but not limited to, the following by the doctor

- § Loss or Gain of weight (more than 10%)
- § Poor oral intake or NBM / IV fluids for more than 3 days
- § Prior Nutrition Therapy (TEN / TPN)
- § Altered consciousness
- § Inability to feed orally
- § Inability to retain stomach contents (vomiting)
- § Inability to absorb (diarrhoea)

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- § Metabolic disorders
- § Endocrine disorders
- § Unsure of Nutritional status
- § Patient on Enteral / Parenteral Nutrition support

4.1.2 Dietitian:

A nutrition assessment shall be completed on patients identified at moderate or severe nutritional risk. Follow up assessments shall be carried out as and when required. There shall be a written order for diet.

1. The Nutrition Assessment and Plan of Care shall include a chart review of selected laboratory data, diagnosis, height, weight history, diet order, nutritional needs, assessment of nutritional status, and recommendations/nutrition goals.
2. A dietitian, physician may initiate calorie count. Calorie counts shall be recorded in the nutrition care plan.
3. Food Drug Interaction Education shall be provided to all patients receiving Warfarin (Coumadin).
4. Food shall be prepared, handled, stored and distributed in a safe manner guided by F&B Policies.